PLEASE

VS

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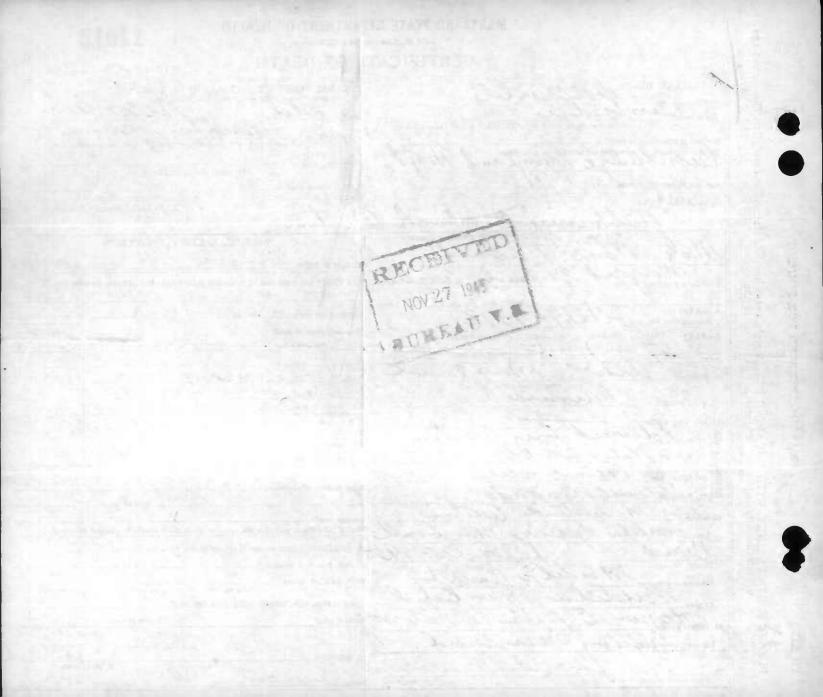
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bla

11012

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Orcherter	2. USUAL RESIDENCE (HOME) OF DECLASED: (For newborn into as give residence of mother)
County	IN COMUS
City or town	mar de la maria
How Jogg in above place of death?	(If outside city or town limits, write RUAL and give nearest tewn)
Hyspiral, Institution, or street didress where death occurred and Hospit,	
Cambridge Maryland 1884.	Street No
How long to hospital or Institution?	#
3. (a) FULL NAME	2.(a) If veteran, name war
Mathaniel Oakland	Custin 3. (b) Social Security Number
4. Sex 5. Chlor ordice 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mare Married	20. DATE OF DEATH NOVEMBER 24 1945 1/0:35P. W
Margaret Let of a. +	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
5.(c) If alive, give age years	Jept. 10 1945 to Nov. 24 1945.
7. Birth date of deceased (mo., day, yr.) 04-19-1878	and that I last saw h / Mi allve on DOUCHOER 24 19 X
8. AGE: Years Months Days It less than one day	Immediate cause of death
17 1 1	MYOCARDIAL FAILURE 3days
hrspmin.	
9. Birthplace alkol mayland	Due to HYDERTENSION
(Town, county, and state)	CHRONIC NEDHRITIS !
1D. Usual occupation. Tlames 0	0
t1. Industry or bushesse	DUE TO RENAL CALCULTON
	THE TOTAL CALCULATION OF THE STATE OF THE ST
12. Name Chiving dong Muchan 13. Birthplace Wilmis / G. Md.	Other cynditions
	(Include pregnancy within 8 months of death)
14. Malden name Petty Soule	DIA DEC COLL
15. Birmala Comile Co. md.	Major findings of operations
Me m but do not	Date of op.
tB. Informant	Autopsy results
Address Marcha exercises Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriel 1 Nov. 128-1945	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or semoval, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mardela Cesseley	Where did injury occur?
March la mantal	(City or town) (County) (State)
Location	injured at home, farm, industry, public place (where?)
18. Futeral directors by - G. Walter OR Hollins	Meana of Injury Injured at work?
1.111 man 10 1	1 1/260
Address selbers maryeans,	23. SIGNATURE
11/26 645 John March m	23. SIGNATURE M. P. or other
(Date rec'd by registrar)	Idding Cleurorice The man 124/X



2411 N. Charles St., Baltimore 93-0

11013 agail6

	No.		CERTIFICAT	LE OF DEATH Reg. Dist. No	27011	
1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	ı	
City or town Cambr	idge		RURAL and give nearest town)	state Maryland County Talbot	000000000000000000000000000000000000000	
(If outs	ide city or town l	mits, write I	RURAL and give nearest town) S. 13 days	City or town Easton (If outside city or town limits, write RURAL and give ne		
How long in above place of the Hospital, Institution, or str	death?	dooth accurre	4.	(If outside city or town mints, write KOKAD and give he		
Eastern Sho	re State	Hospit	tal	Street No. 128 S. Aurora Street	***************************************	
			mos. 13 days	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security		
01(11)	Lillian	Rootty	•			
4. Sex 5	. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
					0.35 4	
_Female	White	Mai	ried	20. DATE DF DEATH November 6 19.45		
B.(b) Name of husband or				21. I CERTIFY that death occurred on the date above stated; that I attended dece August 24 1943 to November	6 1945	
7 Right date of			c) It alive, give age .Unkno.Whears	and that I last saw Her alive on November 6	19.45	
deceased (mo., day, yr.)				Immediata cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	Arteriosclerotic Cardio-vascular	more than	
71	4	0	hrsmln.	Disease	2 years	
9. Birthplace			state)	Due to Senility	***************************************	
10. Usual occupation	Housewife	Э				
				Due to	•••••••••••••••••••••••••••••••••••••••	
11. Industry or business						
12. Name. Steve	are brigg	55		Dther conditions		
13. Birthplace	assachuse			(Include pregnancy within 8 months of death)		
H 14. Maiden name	Mary Deni	nis				
H 14. Maiden name	New York			Major findings of operations.		
Ti co		a como c		. Date of op		
1B. Informant Hos				Autopsy results	statistically.	
Address E.S.S	.H., Caml	bridge	, Maryland			
17 Bulle	in land	Rota tha	200 Mor 10 45	22. VIOLENCE: If death was due to external causes, fill in the following;		
Cemetery or crematory (Cary) (Year)		(month) (day) (year)	Accident, suicide, or homicide	00		
		euglery	Where did injury occur?	(State)		
		MA. T	Injured at home, farm, industry, public place (where?)			
Location	La Laci		111111111111111111111111111111111111111	Means of Injury Injured, at work?		
1B. Funeral director	My 1			the Man		
Address	East!	Jel .	The state of the s	23. SIGNATURE Grace M. Branscombe, M.D.M.D.		
19. 11/8	19 45		11 TH. Merrie	Address E.S.S.H., Cambridge, Md. Date signed 11/6/45		
19. (Date rec'd by registrar)			Registrar	Address D.D. D. D. Date signed	44/0/42	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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2411 N. Charles St., Baltimore 8300

CERTIFICATE OF DEATH

		116
Dist.	No.	116

11014

/	Atog. Diet. 170.
1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
00017	State Mary land county Dorchester
(If outside city or town limits write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	14 274 / 8-0
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
/lary Durk	e
4. Sex 5. Color or race 6.(a) Single, martied, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widowed	20. DATE OF DEATH Procently 7 19.45, 018:33 Q M
6.(b) Name of husband or wife Ernest Borke	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	flovente 5 19 45 to Novemb 3 19 45 -
1. Birth date of deceased (mo., day, yr.) Sune 26 1882	and that I last saw h alive on November 6 19. % 3'
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
63 4 10hrsmin.	
9. Birthplace Dotchester County	Oue to Hyperten Sen 12mm;
10. Usual occupation. HOUSEVY!	
11.	Oue to
Tr. metally or current	
12. Name Key, Grindge	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Unknowy	Major findings of operations.
Boutwas abraham	Date of op.
R. L. L. DILL	Autopsy results
Address AMDYINGE, MA	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 1140gh Cemetery	Where did injury occur?
Location Campridge ///d	injured at home, farm, indostry, public place (where?)
18. Funeral director. H. M. Bet Clair & Son	Meaos of injury Injured at work?
Address landy la Md.	Culm A-Ca mA-
PI Of m D =	23. SIGNATURE WAY M. D. or other
19	Address Date signed 11-12.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

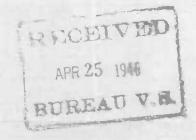
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. //

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
16.0	State Many land County Durchester
(If outside city of town limits, write KOKAL and give nearest town)	1/ 0 1 - 8 0
How long In above place of death?	(II dutaide city of town limits, write ECEAL and give nemrest town)
Bospital, Institution, or street address where death occurred:	Street No. Hurbock - East Yew Market Road
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Heury Caphas	220-07-8352
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Married	20. DATE OF DEATH Jonember 20 1945 at 9:30 7. M
8.(6) Name of husband or wife. Mary S. Cephan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 54 years	19 19 19
7. Birth date ot deceased (mo., day, yr.) Lune 25 1885	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
60 4 25 hrs	Lisease of Coronary
	I mmediat
9. Birthplace Dorchestle County (Many Jand (Town, county, and state)	Due to. Where
1D. Usual occupation day taken	
11. Industry or business Streat and Sewer Employee	Due to
12. Name Stephen Caphan	Dther conditions
13. Birthplace Dorchester County haryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Laura Neal	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Dorchester Country hangland	
16. Interment Mrs. Mary S. Caphas	Autopsy results
Address Hurlond Maryland R.J.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following;
17. Date thereof Journal 26 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory East New Market Colored Centers	Where did injury occur?
Location East New Market Mary land	Injured at home, farm, Industry, public place (where?)
18. Funeral director July tramptoma and Son	Meens of Injury Injured at work?
Address Federalsburg Kangland	Jo. T. Shring, D. M. J.E.
19. Nov 24 - 19.457 Charle Harthur	23. SIGNATURE MENTES MAN D. or other Address Day Age - Met Deserged Man 1916

Registra Address Jagan Smidge Mill Date signed Mar Li



11015

CERTIFICATE OF DEATH

2411 N. Cha	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No. 116
1. PLACE OF DEATH: County Dor chester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 40. Years Hospital, institution, or street address where death occurred: Church St How long in hospital or institution?	State Maryland County Dorchester City or town Gambridge (If outside city or town limits, write RURAL and give nearest town) Street No. Church St. (If rural, give LOCATION)
3.(a) FULL NAME Laura Brown Henry	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife Clarence J. Henry	ars and that I last saw h
deceased (mo., day, yr.) Aug. 16, 1882 8. AGE: 4 Years Months Days If less than one day 63 2 15 hrs. mr	Immediate cause ni death DURATION /2 Y/3
9. 8irthplace RK Princess Anne, Waryland (Town, county, and state) 10. Usual occupation Domestic 11. industry or business Home	Due to
12. Name George W. Brown 13. Birthplace Maryland 14. Maiden name Ellagene Adaline Brown 15. Birthplace Maryland 15. Birthplace Maryland	
16. Informant Miss Frances Henry Address Church St., Cambridge, and.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof Nov. 4, 1945 (Burial, eremation, or removal, Which?) Cemetery or crematory Christ Church Cemetery Location Cambridge, Maryland.	Where did injury occur?
18. Funeral director LeCompte's Funeral ervice Address Cambridge, Maryland. 19. 10-3 Address (Date rec'd by registrar) 19. 25 Cambridge (Date rec'd by registrar)	22-SIGNATURE FR during G Will

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1	age	is	sh	own	on	0	

MARYLAND STATE DEPARTMENT OF HEALTH

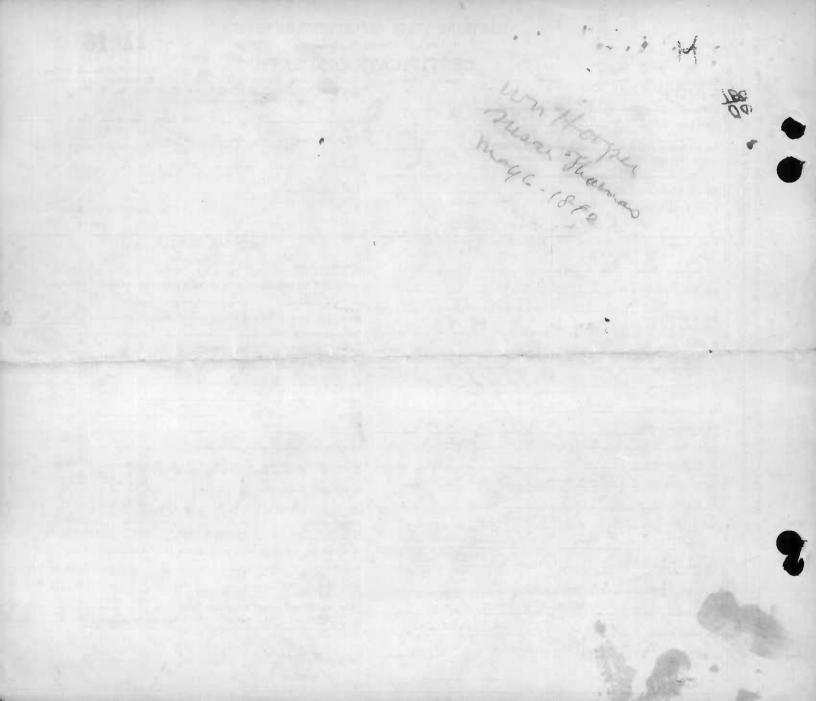
2411 N. Charles St., Baltimore 933

11(16		
Reg. Dist.	No	113	

G 99 11-25 - 45

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of dealh?	Cily or fown
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME ada. Hooper.	3. (b) Social Security Number
4. Sex Sex 5. Color or race 6.(a) Single, married, lidowed, or divorced Single.	MEDICAL CERTIFICATION 2D. DATE DE DEATH OUTUBE 1945 21 / P-M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 6 1893	and that I last saw h
8. AGE: Years Months Days If less than one daymin.	Coronary The one boss - Hade
9. Birthpiace Daylor's Usland md, (Town, county, and state)	Due to Myo gardeal (bross)
1D. Usual occupation	Due to University -
E 12. Name welliam of oorse.	Diher conditions
13. Birthplace 14. Maiden name Dusian Shomes. 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthpiace	Date of op.
16. Informant Clair Hooper.	Autopsy results
Address Jayrous Cylone Villas 17. Burull Date thereof. 11-11-45	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemeiery or cremaiory. Cemeiery or cremaiory. (month) (day) (year)	Where did Injury occur?
Location Jaylor's Usland.	Injured at home, farm, industry, public place (where?)
18. Funeral director Selects a. Henry	Means of Injury Injured at work?
Address Cambridge.	23. SIGNATURE Of hunter. Mas
19. (Date rec'd by registrar) 19. Registrar	Address Bulled on M. D. or other .



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-0 CERTIFICATE OF DEATH

11017

	Keg. Dist. 140.	
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Vienna (Rural)	state Maryland county Dorches	ter
City or town Vienna (Rural) (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town Cambridge Rur (If outside city or town limits, write RURAL and give	
hoad nr henry's Cross Roads	Street No. Griffith's Neck	***************************************
How long in hospital or institution? None	(If rural, give LOCATION)	
3. (a) FULL NAME		
Theodore Hooper	3. (b) Social Secur	rity Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored single	20. DATE OF DEATHNovember 25 19.4	5 43-15P #
	21. I CERTIFY that death occurred on the date above stated: that I attended	
6.(b) Name of husband or wife		
7. Birth date of	and that I last saw hX. alive onX.	
deceased (mo., day, yr.) Way 13, 1906	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Suffocation	X
39 8 12hrsmin.		***************************************
9. Birthplace Maryland (Town, county, and state)	Due to fall from bicycle into	
10. Usual occupationLaborer	water in ditch	
	Due to Epileptic Spasm	
11. Industry or business Farms		
12. Name Samuel Hooper 13. Birthplace Maryland	Diher conditions Epilepsy	10-12 yr
	(Include pregnancy within 8 months of death)	
14. Maiden name Tina Gardner 15. Birthplace Maryland	Major findings of operations	
	Date ot op.	
16. Informant Charles Horseman	Autopsy results	
Address Vienna, Md.	PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Burist "1/29/45	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide	Nov. 25. 45
Cemetery or crematory.	Where did injury occur? Vienna Dor. (City or town) (Connty)	(State)
Location tracked manger	injured at home, tarm, industry, public place (where?)	
18. Funeral director Lewis Al. Barrier	Meens of injury Suffocation Injured at work?	no
0 0 00 20	1 1 10	1
Address Statute See Mit.	23. SIGNATURE POR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100
19. (Date recens by registrar) 19 45 John Merceft 930 Registrar	M. M. M.	Do other
(Date rec'd by registrar) Registrar	Address Cambridge, Md. Date sign	red. No.v. 26./5



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 25-0

CERTIFICATE OF DEATH



1. PLACE OF PEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dorcheslery	
City or town (If ontside city or town limits, write RURAL and give nearest town)	State County
How long in above place of dealh?	City or lows
Hospital, Institution, or sireal address where death occurred:	Sireet No
Landy in Many touch Buyer	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Vernon	Jackson
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Massiga	20. DATE OF DEATH MOVELULER 7 19 45 at 8:45PM
dand to the men	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6 (6) Name of husband or wife	1000ember 3 1945 10 november 7 1945
T. Birth date of	and that I last saw h 1 M alive on Navember 7 1 19 45
deceased (mo., lay, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day	acute yellow 2/2 wells
hrsmin	
9. Birthplace Cambridge mel	Due to.
(Town county, and stage)	Dut (V
10. Usual occupation allowed	Due to.
11. Industry or business	995 (0
# 12 Name Potert Jochbor	Differ conditions Obesite 7
12. Name Poter Canal State Cond	
	(Include pregnancy within 8 months of death)
14. Matten name Descritto Starler 15. Birthplace Qu'lly S	Major findings of operations. MANS
E 15. Birthplace	Date of op.
16. Informant Corp War 2000	Autopsy results DUS
Address LAPORN TO THE COMPANY	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. S B. S B. S.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crématory Cemetery	Where did injury occur?
The Comment of and and and	lajured al homo, farm, industry, public place (where?)
1 totalion	Means of Injury Injured at work?
18. Funeral director	mosais or injury
Address / 1008 lina ton	Tola. Va. Heller D
1 Dim 12	23. SIGNATURE M. D. or other
(Date rec'd by pecistrar) (Date rec'd by pecistrar) (Date rec'd by pecistrar)	of the Market Will of the

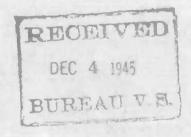
NOV 12 1945

MARYLAND STATE DEPARTMENT OF HEALTH PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 2411 N. Charles St., Baltimore Bla CERTIFICATE OF DEATH

Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
City or town	City or town Claurch Cile
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Colston Jone	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Toursely while married	20. DATE DE DEATH. 70 20 30 1945 at 1:15 1
Low H. Jones	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
6.(b) Name of husband or wife	1935 19 to hay 1945
7. Birth date of	
deceased (mo., day, yr.) Jan 16 - 1887	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
V8 10 14hrsmin.	
A D T	Typelevery & order - Parallar Reval Direct O'yelly
9. Birthplace Church Creek	Due fo
(Town, county, and etate)	
1D. Usual occupation.	Due to
11. Industry or business	
	An Air.
	Other conditions
	(Include pregnancy within 3 months of death)
H 14. Malden name Colable Srobarra	
14. Malden name. adalle Graham. 15. Birthplace Dur Co.	Major findings of operations.
Lan Id Ones	
16. Informant.	Antopsy results
Address Cleurch Creek	
" Bund al 12.2.45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal Which?) Date thereo(Accident, suicide, or homicide
Cemetery of cremetory Old Junity	Where did injury occur?
Ol Cheek	
Location	injured at home, farm, industry, public place (where?)
18. Funeral director Newweth K. Thomas	Meens of Injury Injured at work?
0 10 1 1 500 1	0 1 0 00
Address Culturely, Ma.	23 SIGNATURE L. D. herelith
10 10	A A P hile M. D. or other
19	Address 25 Poplar Sheet Cart of Date signed Dec. 2, 1990

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WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg Dist No. 116

	tog. Dist. No. initiality in a
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Warrantle	State Manyland County Donahale
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of beautiful and the state of the	Street No
	(If rurai, give LOCATION)
Now long in hospital or institution?	2.(a) ti veleran, name war
May agusta Richald	2 Certas Lane 3. (b) Social Security Number
4. Sex 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lamal Colon manuel	20. DATE OF DEATH / Lovenby 2 4/ 19/945-21/2:53: 2.M
(6) Name of husband or wife	21. I SERTIFY that death occurred on the date above stated; that 1 attended deceased from Setalin 31 1945, to November 2 4 1945
7. Birth date of 101	and that 1 last saw hallve on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediaty cause of death DURATION
61 6 17min.	01-01-01-01-01-01-01-01-01-01-01-01-01-0
9. Birthplace Oaylos Island (Town, county, and state)	. Due to
1D. Usual occupation Harrison R	
11. Industry or business	Due to
	Giher conditions
12. Name Mukaur La 13. Birthplace	(Include pregnancy within 3 months of desets)
14. Maiden name Lister Cornich 15. Birthplace Moryland	Major findings of operations Operation Lyohn, Hopken
15. Birthplace Maryland	Palls mf bate of op May 1945
16. Informant David Cane	. Autopsy results
Address Hammelle My	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or respoyal. Which?) Date thereof (morth) (day) (year)	Accident, suicide, or homicide
Cemetery of crematory Moderon Cemetery	Where did injury occur?
Location Madeson Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Lewis N. Baynesan	Means of Injury Injured at work?
Address lember for marylan	a a um stra miss
11/28/ do Colon Mace In	M, D, or other
19,	Address In Take the Date signed 11-26-43"

REC NOV 30 1945 BURLAUV 2411 N. Charles St., Baltimore (320)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Caroline
Clity or town	
How long in above place of death? 1 year - 8 days	City or town Ridgley (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Eastern Shore State Hospital	Street No.
How long in hospital or institution? 1 year - 8 days	(If rural, give LOCATION) Unknown
3. (a) FULL NAME	3. (b) Social Security Number
Theodore Kershaw	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	2D. DATE DF DEATH November 1st. 19 45 4:30 A.M.
6.(6) Name of husband or wife Unknown	21. I CERTIFY that death occurred on the date shove slated; that I ettended deceased from
	October 24. 19.44 to November 1, 1945
7. Birth date of years	and that I last saw him alive on October 31st. 1945
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Arterioscleresiscardio-vascular
90 5 21hrsmin.	diseaseunknown
8. Birthplace Lancaster County, England (Town, county, and state)	Due to.
(Town, county, and state)	Senility
10. Usual occupation Painter and Paper Hanger	Due to
11. Industry or business	
E 12. Name Unknown	Diher conditions Emphysema
12. Name Unknown 13. Birthplace England	
	Senile Psychosis 2 yrs (Include pregnuncy within 3 months of deuth)
	Major findings of operations
15. Birthplace Unknown	Date of op.
16. Informant Hospital Records	Antopsy results
Address E.S.S. Hospital. Cambridge. Maryland.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Denlan Cemetery	Where did injury occur?
Location Denton and of	Injured at home, farm, industry, public place (where?)
2 6 9 9	Means of injury Injured at, work?
18. Funeral director.	Marin De N
Address Church Hell MD	Ille Mannandu
11-12 to - (L. m C. m	23. SIGNATURE Grace M. Branscombe M. D. or other
(Date rec'd by registrar)	Address E.S.S. Hospital Cambridge Date slened 11-1-/5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

NOV S 1945
RUREAU V.R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-d

CERTIFICATE OF DEATH

1. PLACE OF DEATH County Borne hester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or lown. (If outside city or town limits, write RURAL and give nearest town)	Slate
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Now long in hospital or institution?	(If rura!, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fred el. Track	S. (b) Ducial Security Manuel
Male Waite Milawer Milawer	MEDICAL CERTIFICATION 20. DATE OF DEATH 19/5 at 6' 4. M
6.(6) Name of husband or wife	21. I CERTIFY that teath occurred on the date above slated; that I allended deceased from
7. Birth dale of South Control of South	end that I last saw h Alara alive of New 2 le 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death. This office DURATION
8/ 5 /8hrsmin.	
B. Birthplace	Due to
10. Usual occupation	Due to
12. Name Le Enadale 13. Birthplace	Other conditions. Arthuris S cleanurs
	(Include pregnancy within a months of death)
14. Malden name. Sellie Strake	Major findings of operations
16. Informant Long Gladeling	Antonsy results
Address for new Market	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: 11 death was due to external causes, 1111 in the following:
17(Burial, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location De Willowshoy & Sow	Means of Injury Injured at work?
Address and new Market	153 Muhlman 34 V
19 Nov 29 t 19/945 Ilyabeth & Sinith Registrar	23, SIGNATURE M. D. or, other Address Date signed Aff XS

VS A15



WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

			11	1
Reg.	Diat.	No.	11	<i>[</i>

11023

ODKI II IOII	Reg. Diat. No
1. PLACE DEATH: County Control of the County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
Now long in above place of death?	City or town
Now long In hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
Mary and / weger	3. (b) Social Security Number
1. Sgs Scolor or race (6.(a) Slogle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lallended deceased from
7. Birth date of deceased (mo., day, yr.) Oct 19th 1861	and that I last saw h
8. AGE: Years Mooths Days If less than one day	Lagenerally - 1yst
9. Birthplace (Town, county, and gate)	Due to.
1D. Usual occupation.	Due to Stevens asterisserveis 755 +
12. Name Lasses Hall:	Bther conditions
14. Maiden name. I arry dark 15. Birthplace Lexinogram	(Include pregnancy within 8 months of death) Major findings of operations.
16. taformani allert / rueger/	Aotopsy results
Address & cet Tun Market	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill to the following:
(Burial, eremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Commetery or cramatory Location & and Rew Market	Where did injury occur?
18. Funeral director of B. Willow & Cly	Meaos of Injury Iojured at work?
Marc 30 45 to hell South	3. SIGNATURE WILLIAM C. Harrison (M)D. or other
(Date rec'd by registrar)	Address Lurlock Mai Bate signed 14.30.45

RECUIVED dec 7 945 BUREAU V 8 MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

11024

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED:			
Combridge	(For newborn infunts give residence of mother) State Maryland County Talbot			
(If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 1 Day	City or town	arest town)		
Hospital, institution, or street address where death occurred:	Street No. Rural	,		
Cambrid e-Maryland Hospital	(If rural, give LOCATION)	*******************		
How long in hospital or institution?	2.(a) If veteran, name war			
3.(a) FULL NAME Margaret Bayhan Marvel	3. (b) Social Security none	Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Married	20. OATE OF DEATH November 11 1945	0-55P		
A To Manus 7				
6.(b) Name of husband or wife A.E.Marvel	21. I CERTIFY that death occurred on the date above stated; that I ettended dece			
	X 19, to			
7. Birth dale of deceased (mo., day, yr.) May 11, 1897	and that I last saw hX. alive onX.	19		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION		
48 6 0hrsmin.	Pulmonary Embolism	Nov.11		
haston Md.				
9. Birthplace <u>Easton</u> , <u>Md</u> . (Town, county, and state)	Head and Chast in juries	Nov.10		
10. Usual occupation Homsmaker	Head and Chest injuries No			
11, industry or business	Due to	***************************************		
	Humantangian Candia			
T178	Other conditions Hypertension- Cardio-			
11. Birthplace 11.11.INO1.5	Vascular Disease, Shock (Include pregnancy within 3 months of death)			
14. Malden name Alverta Jeannette Eaton Maryland	Major findings of operations.			
15. Birthplace Maryland				
Fronk Ronny				
Easton Md	Autopsy results			
Worls22	22. VIOLENCE: If death was due to external causes, fill in the following:			
17. Burial Date thereo NOV. 14. 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	V-10/45		
(Burial, cremation, or removal. Which?) (month) (day) (year)	near Cambridge Dor	Md.		
Cemetery or crematory Spring Hill Cemetery	(City or town) (County)	(State)		
Location Easton, Md.	injured at home, farm, industry, public place (where?) on State.	Road		
18. Funeral director R. Ellis Clark	Meens of Injury automobile Injured at work?	no		
Address Easton. Md.	1 1 Al. 011	11 . 6		
n 12 1- (10, m 1) x	23- SIGNATURE TY. Shriver, Def. M. D.	red. Kar		
19. /100. 13-1945 John / Mace for //A	Cambridge Md	Torr TO /A		
(Date rec'd by registrar) Registrar	Address Cambridge, Md. Date signed	V.V.A.L.A./ 4		

RECEIVED
. NOV 15 1945
PUREAU V. M.

WITH UNFA

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 462

		OBIETIT TO	TE OF DENTIFI	Reg. Dist. No.
1. PLACE OF DEATH: County Dorchester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Home How long in hospital or institution?		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Dorxhester Cliy or town (If outside city or town limits, write RURAL and give nearest town) Street No. 317 Locust street (If rural, give LOCATION) 2.(a) It veteran, name war.		
3. (a) FULL NAM		LAH MOORE MATTHEWS.		3. (b) Social Security Number
4. Sex Female	5. Color or race	6.(a)Single, married, widowed, or divorced Married		ICAL CERTIFICATION 7ember, 10, 19 45. 4;00P.
	0.40	rt H. Matthews 5.(c) alive, give age 61 yea	21. I PERTIFY that death occurred o	n the date above stated that I attended deceased from 19,4 10,000 November/01944 on November 10 1841

8. AGE:	Years	Months	Days	It tess than one	day
	59	2	14	hrs.	min.
9. Birihpiace.			m d., county, and nestic		
11. Industry o	r business	j	nome		
13. Births		y			
Mald		rthe E.	Moor	e.	

Address am ridge, md., Burial Date thereot ... (Burial, cremation, or removal. Which?) Greenlawn cemetery. Cambridge, Md.

18. Funeral director LeCompte Funeral Service.

Cambridge, Md.,

Maryland

Robert II. Matthews.

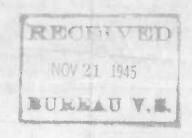
PHYSICIAN: Please underline the cause to which death should be charged statistically.

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.....

Where did Injury occur?

Injured at home, farm, Industry, public place (where?) Meens of Injury



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore/44-6 CERTIFICATE OF DEATH Reg. Dist. No. 116 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn iofants give residance of mother) City or town How long in above place of death?.. (If outside city/or town limits, Resoltal, Institution, or street andress where death occurred information care of death clearly (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veleran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Months If less than one day 8. AGE:hrs. 9. Birthplace... 10. Usual occupation. 11. Industry or business WITH UNI 13. 81rthplace (Include pregnancy within 3 months of death) Major findings of operations..... especially 18. Informant -PLAINLY is especial PHYSICIAN: Please noderline the caose to which death shoold be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following Date thereof Accident, suicide, or homicide..... (Burial, cremation, or removal. Which?) (month) (day) (year) Where did injury occur? WRITE Cemetery or crematory. (City or towo) (County) (State) Injured et home, farm, Industry, public place (where?) ... Meens of Injury ASE 23. SIGNATURE. Registrar | Address.

FOR BINDING

MARGIN RESERVED

NOV 15 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

11027

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Dorchester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural - aylors 's Island (If outside city or town limits, write RURAL and give nearest town)	state waryland county Dorchester
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in above place of death?	Street No. Taylors Island
Rural-Taylors Island	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Joseph McCellan North	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH. November 1, 1945 at 10:A M
s.(b) Name of husband or wife Margaret. Elizabeth Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
De ceased Feb. 1936 6.(c) It alive, give age years 7. Birth date of	and that I last saw b
deceased (mo., day, yr.) Aug. 1, 1868	Immediate cause of death
8. AGE: Years Months Days It less than one day	Sunspot would immail
71 3hrsmin.	through last obert
9. Birthplace Taylors sland Dor Co., Md.	Sulmilioted
10. Usual occupation Carpenter (Retired)	Due to.
11. Industry or business Ship	
12. Name	Dther conditions
14. Maiden name No.t Known	(Include pregnancy within 3 months of death)
14. Maiden name No.t Known	Major findings of operations
	Date of op.
16. Informant Earl Ward Hughes	Autopsy results
Address Laylors Laland,d.	22. VIOLENCE: It death was due to external causes, fill in the toilowing;
(Burial, cremation, or removal, Which?) Date thereof Nov. 4 1945 (month) (day) (year)	Accident, suicide, or homicide Assistante Date of Plan 1/44
Cemetery or crematory Brick Church Cometery	Where did injury occur? (City or town) (County) (State)
Location Taylors Island, Maryland	injured at home, farm, industry, public place (where?)
18. Funeral director LeCompte's Funeral Service	Means of Injury Shot great Injured at work?
Address Cambridge, _aryland.	23. SIGNATURE
19. May 4 1945 (Date rec'd by registrar) Registrar	Address Cambridge - MA Date signed Apr 3/4/5

Registrar Address Canabudge MA Date signed App. 3/4/4

DEC 6 1945 BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

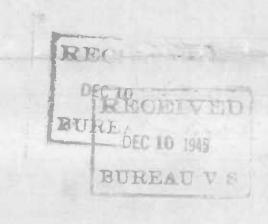
CERTIFICATE OF DEATH

Pan	1.	L	0	2	8	
Par	Die		NI.		1	10

1. PLACE OF DEATH:	
County Forchettes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Cliy or town (If outside city or town limits write RURAL and give nearest town) Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Loseph M. Paul	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. MOVEMBER 21 19.45 at 4 A. M.
6.(b) Name of husband or wife Sarah Frances Fand 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 94 0 13 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to 21.19.45 and that I last saw h. 2.21199 oy 2.25 Immediate cause of death 2.21199 oy 2.25 DURATION
9. Birthplace American (Town, eounty, and state) 10. Usual occupation Estimated Farman 11. Industry or business 12. Name Paul 13. Birthplace Doubester County, Maryford	Due to
14. Malden name Mary ford	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Informant Albert K. Paul Address Williamsburg Maryland R. J.D. 17. Burd (Burial, eremation, or removal. Whieh?) Cemetery or crematory washington Community (day) (year)	Antopsy results
Location Man Hulock Man fails 18. Funeral director J. S. Franchen Rus Son Address Federal Strug Man fand 19. Man 2 3 19.45 Chas M Hashing Registrar	Injured at home, farm, industry, public place (where?) Massas of injury & evidently fell injured at work? 23. SIGNATURE M. D. or other Address Aurels (M. D. at signed M. at signed



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 27 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: em of information carefully. The causes of death clearly and legibly (For newborn in thats give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) How long in bospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION deceased (mo., day, yr.) 8. AGE: Years Months important. (Include pregnancy within 3 months of death) Major findings of operations..... PLAINLY, V is especially PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (day) (year) Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-8

11030

CERTIFICATE OF DEATH

	Reg. Diet. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)	
CountyDorchester		
City or town. (If outside city or town limits, write RURAL and give nearest town)	state Maryland county Dorchester.	
How long in above place of death? 91 years.	(If outside city or town limits, write RURAL and give cearest town)	
Hospital, Institution, or street address where death occurred:	Street No. No street.	
None.	(If rural, give LOCATION)	
How long to hospital or institution? No Hospital.	2.(a) If veteran, name war. No veteran.	
3. (a) FULL NAME	3. (b) Social Security Number	
George Thomas Ralph. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male. White. Single.	20. DATE OF DEATH. November 8th., 1945. 2 A.	
6.(b) Name of husband or wife. No husband or wife.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	Oct., 31" 1945 to Oct., 31" 1945	
7. Birth date of	and that I tast saw h I/A alive on Oct., 31 11 1945.	
deceased (mo., day, yr.) October 13th., 1854.	Immediate caose of death Uraemia. DURATION	
8. AGE: Years Months Days If less than one day		
91 0 26hrsmin,		
s. Birthplace Mardela Springs, Maryland.	Due to Chronic Nephritis. 4 Yrs	
Wacomico CSunty, and state) 10. Usuat occupation. Farmer.		
	Due ta	
11. Industry or business Farming.		
E 12. Kame Thomas Samuel Ralph.	Other conditions Cystitis, Constipation, 7 Yrs	
13. Birthplace Laurel, Delaware.	Oedema of extremities, Coronary 1 Yr.	
当 14. Maiden name Nancy Weatherly.	fibril liached promancy within 8 months of death)	
14. Maiden name Nancy Weatherly. 15. Birthpiace Hebron, Maryland. R.D.	Major fiediogs of operations. No findings. Date of op. No date.	
1B. Informant Mrs., Walter (Doris) Ralph.		
Wienna D.D. Man-land	Actopsy results	
Audicas	22. VIOLENCE: tt death was due to external causes, filt in the following;	
Burial. (Burial, cremation, or removal, Which?) Date thereof Nov., 10" 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide. No. violence, Mo of Suicide.	
Cemetery or crematory Mardela Springs.Md.	Where did injury occur? Nothing occurred. (City or town) (County) (State)	
Location Cemetery. Mardela Springs, Md.	tnjured at home, farm, industry, public place (where?) Nowhore.	
18. Funeral director Willoughby & Son,	Means of Injury No injury, no mundal work.	
Address East New Market, Maryland.	(A) 1 (A) 25 B.	

Elegabeif M Carl Address.

23. SIGNATURE TANAMA E. Lamkin Edward E. Lamkin Naryland.

VS A15

My 9 (Date rec'd by registrar)

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VS A15

19. (Date rec's by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

11031

CERTIFICAT	E OF DEATH Rog. Dist. No		
1. PLACE OF DEATH: County Dor chester City or town. Cambridge (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 313 Talbot Ave. How long in hospital or institution? 3. (a) FULL NAME Margaret Ann Phillips Sham	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town) Street No. 313 Talbot Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. November 18,19 45, 219: A. M		
6.(b) Name of husband or wife William Shannahan (Deceased) 6.(c) If alive, give age years deceased (mo., dayAug. 20. 1856. 8. AGE: Years Months Days If less than one day 89 2 28 hrs. min. 9. Birthplace Laurel, Delaware (Town, county, and state) 10. Usual occupation. None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 # 2 to Movember 18 # 19 # 10 and that I last saw here alive on Move 16 # 19 # 10 Immediate cause of death DURATION Corebral Augustlage Due to Arlinea Schrotic Cardio # 4 fears # Due to Duration Duration # 4 fears # 5		
John Phillips 13. Birthplace Delaware 14. Maiden name Phylis Hearn St. Birthplace Delaware	Other conditions		
Address 313 Talbot Ave., Cambridge, Md 17. Burial (Burial, cremation, or removal, Which?) Date thereof. Nov. 20, 1945			
Cemetery or crematory Cambridge Cemetery Location Cambridge, Maryland. 18. Funeral director LeCompte's Funeral Service Cambridge, Maryland.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?		
(San Can Arange	(011. 11 1/- 10/11.11)		

This mare fre the Address.

NOV 26-1945 BURKAU V. K. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

11032

CERTIFICATE OF DEATH

Dist No 116

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
	County Sorchester	(Exprewborn infants give residence of mother)
	City or town Cleren	State Maryland County Workerter
	City or town	City of town O acing
	How long in above place of death?	(If outside city or town limits, white RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	
1		Street No
	How long in hospital or institution?	2.(a) If veteran, name war
		2.V. / IT Coulding Halling Wall
	3. (a) FULL NAME	3. (b) Social Security Number
	formather Stoned	
	. Yex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1	mann	
	Mal Jolan Mudow	20. DATE OF DEATH 150 80 1945 at 474 M
	94.70 84 1. 1. 1	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
	8.(6) Name of husband or wife	
		19.45, to 200 19.45
	7. Birth date of	and that I last saw h Malive on Mot 20 1948
	deceased (mo., day, yr.)	Immediate cause of death
	8. AGE: Years Months Days If less than one day	Cerbrol assident 1/2dag
	49min.	
	Diobet	A stores CO Part of COTA 2 484
	9. Birthplace (Toyn. county, and state)	Due the three less till 1 2 18 +
		(Cardio Vachular Distors
	10. Usual occupation.	Due to
	11. Industry or business Move	
	12 Name James Standley	ne 1911 to History
		Other conditions
		(Include pregnancy within 3 months of death)
	14. Malden name Muley Standay 15. Birthplace Mach	
	mach	Major findings of operations.
	El 15. Birthplace	Date of op.
	16. Informant Min fold Brook	Antopsy results
	0 - 22	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address Elley For	22. VIOLENCE: If death was due a external causes, fill in the following;
	17 Dec 29945 Date thereof Durial	
	(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
	Cemetery or crematory 03 WCR 10 WVV	Where did injury Occur?
	1) abtique	injured at home, farm, industry, public place (where?)
	Location	
	18. Funeral director Latins H Bas one	Maens of Injury Injured at work?
	0 0 1000 000	200 - 0 st. loll o
1	Address Camberry Va	02 CIONATURE / Lerrales Tryo ffus
	Med 2 15-01/2 12 20	23. SIGNATURE astronomy as Marion of the account
	(Date rec'd by registrar) Registrar	Address Cambridge Md Date stened 12-1-45
	//	· number and the second



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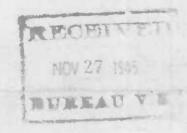
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7

CERTIFICATE OF DEATH

Reg. Dist. No. 1880

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dorchester	State Maryland County Dorchenter	
City or town Talendard - Kural (If outside city or townshimits, write RURAL and give nearest town)		
How long in above place of death? 53 years	(If outside city or town lights, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. Aestow Had	
Preston Road	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3.(b) Social Security Number	
Mary alice Todd	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Mained	20. DATE OF DEATH Mose when 17 1945 at 5:30 P. M	
6.(b) Name of husband or wife. Thomas J. Todd	21. I CERTIFY that death occurred on the late above stated; that I attended deceased from	
S (a) It allows give age 77	19	
7. Birth date of deceased (mo., day, yr.) Debruary 5, 1870	and that I last saw h 4.3. allve on 19	
8. AGE: Years Months Days If less than one day	Immediate cause of dead	
75 0 12	Kluba Hamonkaye 340.	
, hrsmln.	Olle kalender - Sma	
9. Birthplace Caroline County, Mary Jand (Town, county, and state)	Due to Hyperleusege & Syc.	
10. Usual occupation	myscuollo	
1	Due to	
	A P P P P P	
E 12. Name	Other conditions accuse the second of the conditions accuse the co	
\$ 13. Birthplace Caroline Couldty Wary fond	(Include pregnancy within 3 months of death)	
14. Malden name Mancy Toold	(Include pregnancy within 3 months of death)	
15. Birtholace Carolise County Many land	Major findings of operations	
71	Date of op	
16. Informant Romas J. Told	Antopsy results.	
Address Federalsburg maryland R.F.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically,	
17 Build November 20 1945	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof. November 20 1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Hill Cost Cometany	Where did injury occur?	
Location Federalsburg han land	Injured at home, farm, Industry, public place (where?)	
18. Funeral director A. J. Frampton Rue Son	Menns of Injury Injured at work?	
Address Federalshing - Wan land	at 1 m a le man	
21500	23. SIGNATURE M. D. or other	
19. / 10-1/ LO 19 19 Chan W 10-10	the library level when the	
(Date rec'd by registrar) Registrar	Address 200 Showing Man Date signed 120/11	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-00

CERTIFICATE OF DEATH

and a	
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		CLRII	PICAL	Reg. Diat. No	f.L.S
1. PLACE OF DEATH: County Dorchester		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Clip or town. Cambridge City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years 4 months 3 days. Hospital, institution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution? 2 years 4 months 3 days.		State Maryland County Wicomico City or town Salisbury (If outside city or town limits, write RURAL and give neare Street No	st town)		
3. (a) FULL NAME Raymond	Willard 7	ruitt		3. (b) Social Security N	umber
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divor	rced	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOVEMber 27th. 19.45	1:25 P.
7. Birth date of deceased (mo., day, yr		13, 1922 Days If less than one day	years	21. I CERTIFY that death occurred on the date above stated; that I attended decease July 24 19. 43 10. November	ed from
10. Usual occupation	Farmer	comico County Mar		Due to	3 mos. ?
13. Birthplace Pit	ttsville,	e Truitt Wicomico County, A n Tingle	Maryla	Other conditions Extreme obesity, pilonidal d Cyst (Include pregnancy within 3 months of desth)	
15. Birthplace	Delmar, D	elaware		Major fiadings of operations	
10. IIIOIMant	Hospital,	Cambridge, Maryla Date thereof (month) (day)		Autopsy results PHYSICIAN: Please underline the cause to which death should be charged str 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or exemator	- Gelm	and the		Where did injury occur?	
18. Funeral director	M. S.	Lelann	2 20	23. SIGNATURE	Me
19. //- 29 (Date rec'd by reg	19.45	John Mace)	Registrar	Grace M. Branscombe, M. M.D.or Address E.S.S.H., Cambridge, Md. Date signed	11/27/45

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DEC 4 1945

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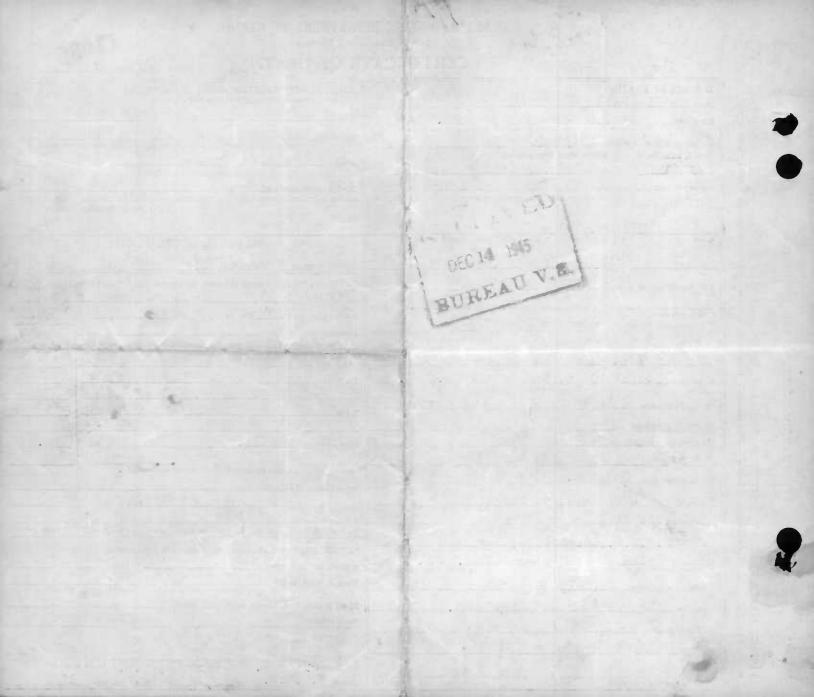
Table and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

CERTIFICATE OF DEATH

			***************************************	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH: County Dorchester			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Maryland County Dorchester	
City or fown Cambridge (If outside etty or town limits, write RURAL and give nearest town) How long in above place of death? 27 days Hospital, institution, or street address where death occurred: Eastern Shore State Hospital How long in hospital or institution? 27 days		mits, write RURAL and give nearest town)		
		lays	City or town Hoopersville (If outside city or town limits, write RURAL and give no	percet form
		death occurred:		areat www.
			Street No. (If rural, give LOCATION)	
		days	2.(a) If veteran, name war	······
3. (a) FULL NA	ME		3. (b) Social Security	Number
E	dwin C. Tyle	er		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Married	2D. DATE DF DEATH November 22 1945	at 5:30 P
R (h) Name of hucha	nd or wife Minni	e Parks	21. I CERTIFY that death occurred on the date above stated; that I attended dec	eased from
		de de	October 26 19.45 to November	r 22 1945
7. Birth date of			and that I last saw h im alive on November 22,	
deceased (mo., da		er 8, 1872	Immediate cause of death	
8. AGE: Yes	ars Months	Days If less than one day	Cerebral hemorrhage	
	72 11	hrsmin.	Marie Control of the State of t	
9. Birthplaca Hoopersville, Dorchester Co., Md. (Town, county, and state)			Due to.	
10. Usual occupation Unknown - Signat I ame Keepen				••
			Due to	**
11. Industry or busin		S. Coasi Guard		
	ames Tyler		Other conditions Senility	Unk.
13. Birthplace	Hoopersvil.	le, Maryland	(Include pregnancy within 8 months of death)	
14. Maiden name Susan M. Tyler 15. Birthplace Hoopersville, Maryland 16. tnformant Hospital Records				
100	ŤT	1 - 34 7 - 3	Major findings of operations	
≥ 15. Birthplace	Hoopersvil.	re, maryland	Date of op	•••••
16. Informant. HO	spital Recor	rds	Autopsy results	
Address F. C	S H Cemba	ridge, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
	,		22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, crematic	on, or removal. Which?)	Date thereof. No. V. 25 1945 (month) (day) (year)	Accident, suicide, or homicide	
		Cemetery	Where did injury occur?(City or town) (County)	(State)
		Maryland.	Injured at home, tarm, Industry, public place (where?)	
	-	s Funeral Service	Means of Injury Injured 32 work?	
		Maryland.	They the Mann	welled)
1.0		1	23. SIGNATURE Grace M. Branscombe, M.D. M.D.	or other
(Date rec'd by	registrar)	T Registrar	Address E.S.S.H., Cambridge, Md. Date signed.	11/23/15



2411 N. Charles St., Baltimore /83)

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CERTIFICATE OF DEATH

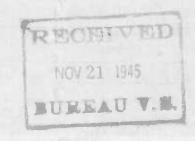
Cambridge, Md. Date signed Nov. 16/45

CEDEUCIC	narles St., Baltimore //3
CERTIFICA	ATE OF DEATH Reg. Dist. No. 116
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dorchester	Wongland Donchester
City or town. Cambridge. (If outside city or town limits, write RURAL and give nearest town)	111 Chartank Ave Combaidge
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town
Drowned-Choptank River	Sireei No. 111 Choptank Ave.
How long in hospital or institution?	
3 (a) FILL NAME	3 (b) Social Security Number
Albert Cecil Vickers	-
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20, DATE DF DEATH November 14 19 45 lat
5.(b) Name of husband or wife Mattie May Willey Vicke	
o.(c) name of musuand of with a second of seco	X 19 , to X
T. Birth date of Door 7 1007	
deceased (mo., day, yr.) De c. 3, 1883	Immediate cause of death
o. AdE:	Drowning, Accidental
9. Birthplace Cambridge, Dor. Co., Maryland (Town, county, and state)	1 Due to
(Town, county, and state) 1D. Usuel occupation. Waterman	
11	Due to
11. Industry or business	
	Dther conditions
12. Name W. G. Vickers 13. Birthplace Maryland	Diher conditions
12. Name W. G. Vickers 13. Birthplace Maryland	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghagan 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
12. Name W. G. Vickers 13. Birthplace Maryland	Dither conditions
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghegan 15. Birthplace Maryland 16. Informant Mrs. Mattie Vickers	Diher conditions
12. Name W. G. Vickers 13. Birthplace Maryland 14. Maiden name Virginia Geoghagan 15. Birthplace Naryland 16. Intermant Mrs. Mattie Vickers Address 111 Choptank Ave., Cambridge.	Diher conditions
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghegan 15. Birthplace Maryland 16. Informant Mrs. Mattie Vickers	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical accordance of the condition of the condition of the charged statistical accordance of the charged
12. Name W. G. Vickers 13. Birthplace Maryland 14. Maiden name Virginia Geoghagan 15. Birthplace Naryland 16. Intermant Mrs. Mattie Vickers Address 111 Choptank Ave., Cambridge.	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistical examples of the content
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghagan 15. Birthplace Naryland 16. Intermant Mrs. Mattie Vickers Address 111 Choptank Ave., Cambridge. 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which desth should be charged statistica 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. accident Date of Nov.l Where did injury occur? Cambridge Dor, Nd, (City or town) (County) (State) Injured at home, farm, industry, public place (where?) in Choptank
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghagan 15. Birthplace Naryland 16. Intermant Mrs. Mattie Vickers Address Ill Choptank Ave. Cambridge. 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory Location Cambridge, Maryland	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which desth should be charged statistical physician contents of the content of th
12. Name W. G. Vickers 13. Birthplace Maryland 14. Malden name Virginia Geoghagan 15. Birthplace Naryland 16. Intermant Mrs. Mattie Vickers Address 111 Choptank Ave., Cambridge. 17. Burial (Burlal, cremation, or removal, Which?) Cemetery or crematory	Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which desth should be charged statistical physician contents of the content of th

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Church Creek (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life	State.Maryland county Dorchester City or town Church reek (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Shurch Greek		
Home-Church Greek	(If rural, give LOCATION) 2.(a) If veteran, name war		
How long in hospital or institution?			
3.(a) FULL NAME Emma Richardson Wil	Llis 3. (b) Social Security	Number Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female white Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH	at7.205 Pm	
8.(b) Name of husband or wife George W. Willis (Decessed) S.(c) If alive, give age years 7. Sirth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 and that I tast saw hand alive on 2007 1945		
deceased (mo., day, yr.) Feb. 1%, 1866. 8. AGE: Years Months Days If less than one day 79 8 22	Immediate cause uf death	DURATION	
8. 8 irthplace Church Greek. Dor. Go., Md. 10. Usuat occupation. Domestic 11. Industry or business Home 12. Name. Levin H. Richardson 13. Birthplace _aryland	Due to		
14. Malden name Hester Richardson 15. 8irthplace Maryland	(Include pregnancy within 3 months of death) Majur findings of uperations		
Address Church Creek, Maryland. 17. Burial Date thereof Nov. 1994 (Borial, cremation, or removal, Which?) Cemetery or crematory Old Trinty Cemetery Location Church Creek, Maryland	Where did injury occur?(City or town) (Connty)	d statistically.	
18. Funerat director	Means of Injury Injured at work?		
Address Cambridge, Maryland.	23. SIGNATURE P. H. Taccice M. D. M.		

MERCHENI MOVIGUES BUREAU V S ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, is especially

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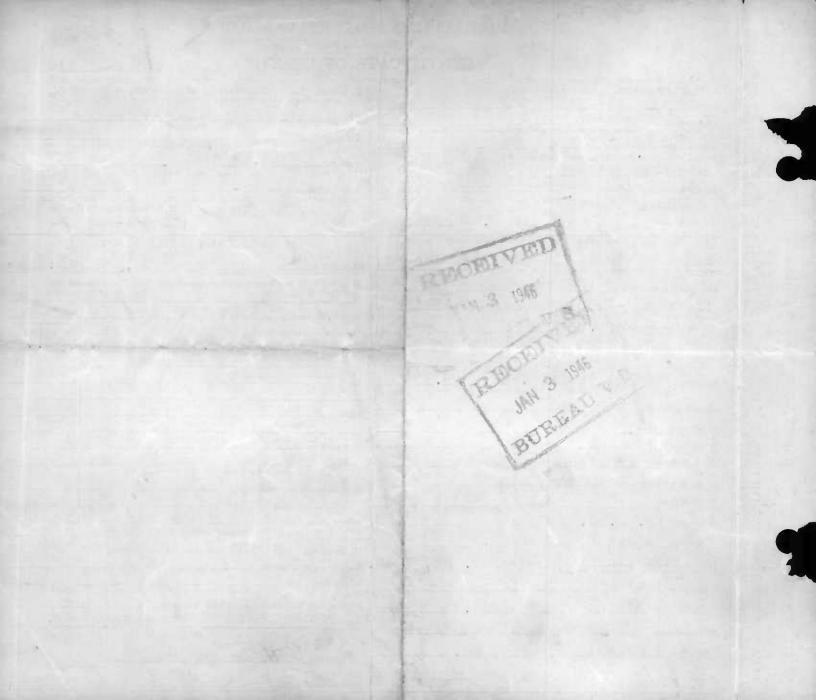
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

11038 Reg. Diat. No. 115

CERTIFICATE OF DEATH

				I - HALLE BROKENON (TEORET) OF BEARLOSS	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		state Maryland county Dor cheste	m		
City or town. Winga to S. (If outside city or town limits, write RURAL and give nearest town)		Wingstes			
How long in above place of dealh? Life		City or town. Wingate a. (If outside city or town limits, write RURAL and give no	arest town)		
Hospilal, Institution, or street address where death occurred:		Street No. Rural-Wingates	,,,,,,,,,,,		
Home-Wingates		(If rural, give LOCATION)			
How long in hospital or institution?		2.(a) If veleran, name war			
3. (a) FULL NAME		3. (b) Social Security	Number		
	Wil	liam	H. Windsor	-	
4. Sex 5. Color	or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Wh:	ite	CKK	EXXXX Widowed	20. DATE OF DEATH	
6.(b) Name of husband or wife	Annie	Adan	18	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
(Deceased-19	34)	B.(c)	tf allve, give ageyear	Sefet 4 19 10 Sefet 4	
7. Birth date of deceased (mo., day, yr. Sept				and that I list saw because on	
	nths	Days	tfless than one day	Immediate cange ul death	DURATION
O. AGE.	3		hrsmin	Sucro-Esteraces	240
9. Birthplace. Toddville, Dor. Co., Md. (Town, county, and state)		Due to	***************************************		
10. Usual occupationWa	terman		***************************************		
tt. Industry or business	II			Due to	
	o Win	daon			
		التيادي المراجات		Dther conditions	
	yland			(Include pregnancy within 3 months of death)	
14. Maiden name				Majur lindings of operations	***************************************
11 II					
	J. Wi	ndsor	າ	Autuosy results	
				PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Wingate		_		22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remov	ral Which?)	Date thereo	Nov. 26 1945 (month) (day) (year)	Accident, suicide, or homicide	
			ery		
Location Wings	ates,	Maryl	Land.		
tB. Funeral director. LeCo	ompte:	s Fur	eral Service		
Address Camb	ridge,	Mary	land.	23. SIGNATURE C. H. Tacocc	
	0,	. 7) ! ox V . J. I.	M. D.	. or other
(Date rec'd by registrar)	.19,7.	W.LO.	Registra	Address Special Date signed	11/28/44



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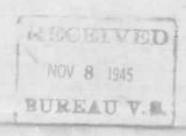
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

11039

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants gif residence of mother)
h = 4 d o	State Mandaudounty Roralisoles
(If outside city or town limits, write (CORAL and give nearest town)	City or iowa Carulride md.
How long in above place of death? suture left	(If outside city or town limits, write RURAL) and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Mary wol
	(Ilrigal, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	1 Dr. none
200	MEDICAL CERTIFICATION
Male While Married	2D. DATE OF DEATH 19 45 at 1 Com
6.(b) Name of husband or wife 5. Ruth Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
65	6 6 29 194 10 Und 1950
7. Birth date of	and that I last saw h a regive on Det 3/ 19 45
deceased (mo., day, yr.) 1876	Immediate cause of death Parties DURATION
8. AGE: Years Months Days If less than one day	Startie Weed 14la
69 10 0hrsmin.	with auto Fentant
9. Birthplace Caurling	Due to Lancoura Lancoura
(Town, county, and state)	Somale 1/
10. Usual occupation Drocking Stone operator	Due to
11. Industry or business	DUS 10.
E 12. Name W me, wright	Diher conditions
12. Name Win, Wright 13. Birthplace	
# 14. Maiden name anne & wherethe	(Include pregnancy within 3 months of death)
[6] 10 Ps.	Major findings of operations
≥ 15. Birthplace	Dato Pl op. 100 3
16, Informant MB. Nauel A. Wylet Fe	Autopsy results.
Address_ Cambridge, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
" Bureal 10 7/10 3, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burial, cremation, or removal, Which?) Date thereof (month) (day) (xear)	Accident, suicide, or homicide
Cemetery or crematory. Novelles les meuon 270	Where did injury occur? (City)or town) (County) (State)
Countridge md.	Injured at home, farm, industry, public place (where?)
Roses M. R. Harrison	Mesns of injury Injured at work?
18. Funeral director.	
Address authority Mak	Gelf Lewester
11-3- 45 (Al march)	22 SIGNATURE M. D. or other
19. (Data pack by parieters)	11 - 2-15.



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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

11040 No. 116

1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
CountyDor.Cl	nester		state Maryland County Dorchester				
City or town Lini	utside city or town li	mits, write RURAL and give nearest town)	City or town I inkwood (if outside city or town limits, write RURAL and give nearest town) Street No. Linkwood				
		Years					
Hospital, Institution, or	street address where	death occurred:					
Home.	- Linkwoo	od	(If rural, give LOCATION)				
How long in hospital or	Institution?	•	2.(a) If veteran, name war.				
3. (a) FULL NAMI	E		3. (b) Social Security Number				
	He	enry Zimmerman			-		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	Vorced MEDICAL CERTIFICATION				
Male	ale White Widowed			20. DATE OF DEATH NO. V. 15 19. 45 -atll-15Am			
B.(b) Name of husband	or wifeJenn	Le Weiderhoff	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
0*000**********************************	88 80 00 80 00 00 00 00 00 00 00 00 00 0	6.(c) if alive, give ageyears					
7. Birth date of deceased (mo., day, y	o Oct.	1868			X	19	
8. AGE: Years		Days If less than one day	Immediate cause of dea	th	\	DURATION	
77	1	10 hrs. min.	Disease	ol Corona	ry Arteries	immedia	
	1 4	10mismir.		***************************************		*****************	
9. Birthpiece Hane	over, Ger	many	Due to	X		•••••	
			***************************************			*************************	
19. Usual occupation		······································	Due to	X		************************	
11. Industry or business			***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	
12. Name		1	Other conditions	X		***************************************	
	11 ft						
14. Malden name 15. Birthplace	Not Know	vn.	(Include pregnancy within 3 months of death)				
LO IV. IMAIGER PAINE.	11 11	T-0000 0000 000000000000000000000000000	Major findings of operationsX				
					Date of op		
16. InformantM:	r. Lee Z	immerman					
Address Li	nkwood. I	Marvland.	PHYSICIAN: Please un	derline the cause te whi	ich death should be charged at	atisticalty.	
			22. VIOLENCE: It deat	h was due to external caus	ses, fill in the toilowing;		
17. Buria (Burial, cremation,	or removal. Which?)	Date thereof No.V. 17 1945	Accident, suicide, or hon	nicide	Date ot	000000000000000000000000000000000000000	
Cemetery or cremator	, Dorche	ster Memorial Park	Where did injury occur?	(City or town)	(County)	(State)	
Location Ca	ambridge	Maryland.	11		ere?)		
		s Funeral Service	Means of Injury		injured at work?		
			0	111	1. 0	; 0	
Address Cal	mor -ugo,	Maryland.	23. SIGNATURE 07-	15.000	more Da	Mid. Ca	
10 ////7	1 19 45	John Mace h m			M. D. Ki		
(Date rec'd by reg	trar)	Registrar	Address Cambi	ridge, Mo	Date signed NO	ov.16/45	

